



UNIVERSITY OF GONDAR

COLLEGE OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF MIDWIFERY

ASSESSMENT OF CLIENT SATISFACTION AND ASSOCIATED FACTORS
TOWARDS YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICE AMONG
YOUTHS IN DESSIE TOWN, NORTH EAST, ETHIOPIA, 2014

INVESTIGATORS: YEWBMIRT SHAREW (BSCMW)

ADVISOR: MENGISTU MEKONNEN (BSc, MSc)

ABDELA AMANO (BSc, MPH)

A RESEARCH THESIS SUBMITTED TO COLLEGE OF MEDICINE and HEALTH
SCIENCES, UNIVERSITY OF GONDAR DEPARTMENT OF MIDWIFERY IN
PARTIAL FULFILLMENT OF MASTERS DEGREE IN CLINICAL MIDWIFERY

JUANUARY, 2015

Gondar, Ethiopia

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BY: YEWBMIRT SHAREW

Cell Phone/Telephone: 0918726647/0923533200

E-mail:yesharew@ymail.com

Approved by the Examining Board

Head, School of public Health

Advisors

1. _____
2. _____

Examiner

Acknowledgments

I deeply appreciate my Advisors Mengistu Mekonnen (BSc, MSc) and Mr. Abdela Amano (BSc, MPH) for the helpful comments and guidance on the process of designing and executing the study.

My acknowledgment goes to study participants, Data collector and study supervisor for their volunteered participation in the study and to University of Gondar for financial sponsors.

Finally, my very special thanks go to all of my friends who were peer critique of the research.

Acronyms

AA: Addis Ababa

AOR: Adjusted Odds Ratio

COR: Cruds Odds Ratio

HIV: Human Immune Deficiency Virus

RH: Reproductive Health

SRH: Sexual and Reproductive Health

STI: Sexually Transmitted Infection

WHO: World Health Organization

YF: Youth Friendly

YFC: Youth Friendly Clinic

YFRHS: Youth Friendly Reproductive Health Service

Declaration

I, Yewbmirt Sharew, declare that this research thesis is my original work and that has not been presented in any institution for an academic award.

Signature: Date:

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Abstract

Background: The anecdotal clients' care evaluation and media reports have portray negative publicity and image regarding care in certain health institution. Clients' satisfaction regarding provided care is thought to be the determinant of quality care.

Objective: To assess client satisfaction and associated factors towards youth friendly reproductive health service among youths in Dessie town, north east, Ethiopia, 2014.

Method: institutional based cross sectional study conducted from May22 to June22, 2014 via systematic random sampling technique, 422 respondents were selected. Data entered to **Epi Info** after data cleaning manually and analyzed with **Spss** window. Bivariate and Multivariate analysis using logistic regression model used to analyze.

Result: From the total participants, 245(58.9%) satisfied with youth friendly reproductive health service. sex, occupation and information had statistically significant association with satisfaction. Females are 2.33 times satisfied with YFRHS than Males ,governmental employers are 1.61times satisfied than students self-employers are 2.85 times satisfied than students and Jobless are 1.73 times satisfied than students .Informed clients are 1.77 times satisfied with youth friendly reproductive health service than not informed.

Conclusion and Recommendation: Level of client satisfaction in youth friendly reproductive health clinic in Dessie town, north east, Ethiopia was low. The study explores three barriers for client satisfaction of youth friendly reproductive health services in Dessie youth friendly reproductive health clinics are sex, occupation and information. Major source of information were peers and mass media was the second source of information. It is recommended to communication Bureau to sensitize the community about youth friendly reproductive service via Mass Medias

1. Introduction

Statement of the problem

Satisfaction measure the gap between best care preferred to get and current care, The extent which clients feel their expectations are being met by provided services and there is gap between youths expectation and received care (1, 2).

Youth Friendly Reproductive Health Service is services that are, acceptable, safe, appropriate, effective, accessible and affordable for the youth. Globally, peoples aged 10 to 24 years representing one-quarter of the world's population (1.7 billion) from this about 85% living in developing countries(3).

Youth constitutes age 15-24 years of the population, young people are confront with major roles to emulate, major symbols and values of their culture and community(4).

Worldwide 1 in 10 abortions occurs among women age 15-19 and 40 % of these abortions take place in unsafe conditions, 500,000 young people are infected with a sexually transmitted disease daily(5).

In Ethiopia HIV/AIDS pandemic, growing rates of other sexually Transmitted infections (STI) and reproductive health issues of young people become international and National concern. To improve the care provided to young, world health organization(WHO) emphasized to develop youth friendly health services throughout the world (2, 6, 7).

The major reproductive health problems face with young people's due to lack of support to address genuine needs of youth ,WHO sort factors for youth friendly services: accessibility, information, socio-cultural and provider(8).

In Dessie town, earlier first sexual initiation (16.8 years) than Debre birhan town(18.5) with High (32%) risk sexual initiation noted among youths, unplanned first sexual practices (39%) of youths, among these 65% were unprotected and 61% of youths started their sexual intercourse before age of 18 and Half of the sexually active youths had more than one sexual partner in their life time(9).

2. Literature Review

Client satisfaction

Across sectional study conducted in Switzerland signify that,94% clients satisfied with care, the study also explain Major barriers for satisfaction of reproductive health service are: accessibility(cost and location), acceptability(care provider heard and understand problems), continuity of care(no change of care giver), appropriateness(got right help) and also adherent to treatment(clients will follow care providers advice).other study in Australia explain factors for satisfaction as: accessibility(affordability and location),care provider(friendly, trained, service delivery and....),communication(clarity and amount of information),medical competency(pain management),guideline driven care and age appropriate environment(flexibility of care to help youths)(1, 10).

A descriptive cross sectional study in Uremia University of Medical Sciences, Uremia, Islamic Republic of Iran shows 76.2% of women's were satisfied with the service and the study list major barriers: information(service and location), care provider(trained) and accessibility(location and cost) of the services and study shows again as prepared questionnaire is necessary to rate satisfaction (11).

Across sectional study in Patient satisfaction and related factors in Kerman hospitals indicates client satisfaction rate was (49.6%) via calculating median value from rated five scores (1-5) and greater than median was satisfied (12).

Client satisfaction tool is one of the ways by which client satisfaction of YFRHS is assessed. For instance a cross sectional study conducted in Kenya had used tools to assess satisfaction, the study revealed that clients were generally quite satisfied (Mean >3)with care provided (13).

Across sectional study In Addis Ababa indicates 92.7% of the clients were satisfied with the services. all youth have the right to use the YFHS equally and the services included: Reproductive health services, Library services, Counseling, Vocational trainings, Informal education and Recreational services(5, 14).

Associated factors

Youth friendly Reproductive Health Services Globally

Youths have the right to get care and protection from the government and society. Across sectional study on towards youth friendly service shows Youth friendly reproductive health services encourage youths to use reproductive health services. Other cross-sectional study in Republic of Moldova; Ministry of health(MOH) go ahead to ensure all young people in Republic of Moldova got quality health care for their need (2, 5, 15, 16).

Youth Friendly Reproductive Health Services in Africa

Most countries in sub-Saharan Africa, youth still encounter significant obstacles to receive sexual and reproductive health services and divide barriers in to accessibility(cost and location), information(RH services and location), socio-cultural(religion and Ethnicity), and provider factors(training, service delivery and biased). Parents and teachers had minimal participation in educating the youth about YFRHS(3, 17, 18).

Reproductive Health Service Provision in Ethiopia

Across sectional study on readiness of youth in rural Ethiopia to seek health service for sexually transmitted infection describes availability (preparedness) health service and care providers (training, judgmental care) had impediment for health seeking behavior. A community based cross sectional study conducted in Dire Dawa Administrative prove that to accept the RHS by youth at large the service is better to be youth friendly(19, 20).

Reproductive Health Service Provision in Amhara region

Across sectional study conducted in Bahir Dar town show that. Younger age group more than older age group are at a higher RH risk the study again prove that there is lack of Open and free communications between parents and adolescents about SRH. Other cross sectional study in DebreBirhan town among youth suggest that youth not perceiving at risk, only 4.5% perceive as being at risk and less than half use condom consistently. Mean age at first sexual debut in DebreBirhan is 18.5 years but early (16.8) years in Dessie town (4, 6, 9, 21).

Socio Demographic and satisfaction of YFRHS

Other cross sectional study on Patient satisfaction of sexual and reproductive health service delivered in HIV clinics across European region shows there is difference in socio demographic variables (gender, sexual orientation and financial situation) on patient satisfaction. A cross sectional study in Kerman hospital, Kerman University of Medical Sciences, Kerman, Islamic Republic of Iran; sex and age had no significant association with satisfaction, educational status had significant association and the lowest satisfaction rate for those in high institution students. Government employee has 0.227 times less likely of missing the opportunities for HIV testing compared to the students. (3, 6, 12, 18, 22-24).

Family background

Another cross sectional study conducted in Africa, Bahir Dartown, Dessie town and other studies suggest Low level of open and free communications between parents and adolescents about SRH. Lower income family and youth in poor living condition associated with risky sexual practice (3, 4, 6, 23, 25).

Information

Across sectional study on health management information system on patient satisfaction in Aga Khan University, Karachi, Pakistan confirm that information (giving care) strengthen patient satisfaction. (%). A major source of information in Sir lank(57.4) and Addis Ababa (74.5%) is peers/friends, whereas DebreBirhan only 8.7%.Other cross sectional study In Dire Dewa Administrative prove; money youths (82.3%) doesn't know the presence of YFRH facility and from those know YFRHF (17.7%) the facilities; major source of information were mass media (98.9%) and Debre birhan town(84.5)(3, 6, 11, 14, 15, 18, 19, 21, 25, 26).

Accessibility

A cross sectional study in Uremia University of Medical Sciences, Uremia, Islamic Republic of Iran shows availability and accessibility of the service improve client satisfaction. A qualitative study in Sire Lanka on adolescent's aged 17-19 shows unavailability of RHS was a major barrier and special clinics with extra working hour (weekend and night) is needed for RHS. other qualitative study on adolescent aged 13-21 in mid-West shows that, reasons of youth for not receiving the services are: 37% long queues, 27% facility is closed at the time of arrival, 23% lack of money for the services while (9%) fear of relatives at the facility. WHO report cost is acute barrier for SRH (3, 5, 11, 18, 25, 27, 28).

Care provider

A cross-sectional study in Sri Lanka youth needs care provider to be (YF). Cross sectional study on health management information system on patient satisfaction and quality of care in Pakistan confirm Care provider and hospitals improve patient satisfaction via receive timely feedback from patient. A cross sectional study in Kerman University of Medical Sciences, Kerman, Islamic Republic of Iran; client satisfaction had association with care provider. WHO report; Money care provider (trained, biased and judgmental) had impact for SRHS (3, 11, 12, 14, 18, 20, 25-27).

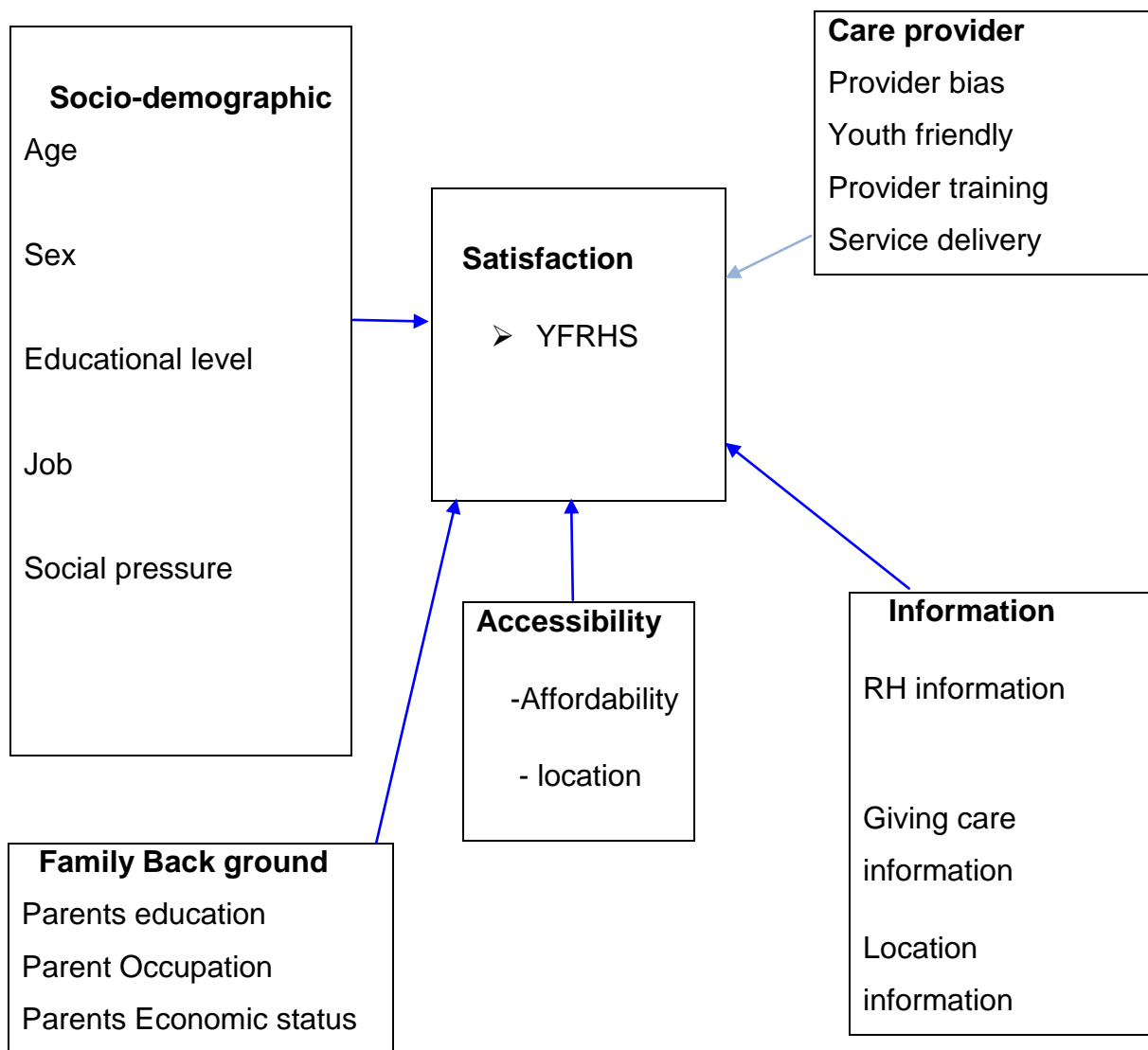


FIG1: Conceptual frame work for the study of client satisfaction and associated factors towards youth friendly reproductive health services among youths in Dessie town, northeast, Ethiopia, 2014

Justification

The need to have a healthy youth is great value to country's socioeconomic development because if they use YFRHS promptly, a lot of health problems will be reduced hence better performance at school and better future adult population as Youth age groups are confronting with major roles to emulate, major symbols and values of their culture and community.

There is high prevalence of youth's risky sexual activity: rape, abortion, alcohol intake, chat chewing and multiple sexual partners in Dessie town(9).

It could improve service utilization through behavior modification about care providing when care providers understand what clients expect from them and clarifying any misinformation regarding care.

Many health organizations are striving to achieve high quality services to attract more clients so exploring clients' satisfaction and associated factors is crucial. The sensitive nature of sex and sexuality issues among youth which have not been fully addressed and to a large extent the way the reproductive health services are being offered to them(18). Therefore the present study was aimed to asses client satisfaction and associated factors towards youth friendly reproductive health service among youths in Dessie town, north east, Ethiopia, 2014

The results may be used in health system quality assurance programs as a source of information.

3. Objectives

3.1. General objective

- To assess client satisfaction and associated factors towards youth friendly reproductive health services among youths in Dessie town, northeast, Ethiopia, 2014.

3.2. Specific objective

- To determine client satisfaction of youth friendly reproductive health services among youths in Dessie town, north east, Ethiopia, 2014.
- To identify factors affecting client satisfaction towards youth friendly reproductive health services among youths in Dessie town, northeast, Ethiopia, 2014.

4. Methods

4.1. Study area

The study was done in Dessie town, northeast, Ethiopia, the town is more than one hundred and ten years old and multi-ethnicity. It is located 400km on the Addis Ababa-Mekele road in the South Wollo administrative Zone of the Amhara Region and 471 km from the capital of the regional government, Bahir-dar. Many young urban people are exposed to different antisocial activities and behavior. The 2010 Dessie population projection figure is 159,470, with 76,888 males and 82,582 females. However, the town administration youths aged between 15 to 29 covers one-third (53,157) of total inhabitants and about 85.9 % of youth live in urban areas, this indicates the importance of paying more attention to urban youth. There are two youth friendly clinics with four health centers within which incorporate youth friendly clinics(23).

Study period

The study was conducted from May to June 15, 2014.

4.2. Study Design

Facility based cross sectional study design.

4.3. Source population

All youths in youth friendly reproductive health clinic, in Dessie town

4.4. Study population

All Selected youth clients in youth friendly reproductive health clinic, during the study period.

4.5. Inclusion criteria and Exclusion criteria

Inclusion criteria

Youths visit youth friendly clinics for reproductive health services in Dessie town during the study period were included.

Exclusion criteria

Youths those not able to read and write, mentally and critically ill

4.6. Sample size and sampling method

The formula to estimate the smallest possible categorical sample size n = the desired sample size ($N > 10,000$) z = the standard normal deviate which corresponds to 95% confidence level usually set at 1.96, p = the proportion of target population estimated to have a particular characteristics therefore take as 50% (0.5)

d = Permitted error (5%, 0.05)

$q = 1 - p$; ($1 - 0.5 = 0.5$)

$$n = \frac{z^2 pq}{d^2}$$

$$= \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2}$$

$$n = 1.96 * 1.96 * 0.5 * 0.5 / 0.05 * 0.05$$

$$= \underline{384.16}$$

Thus the sample size 384 plus 10% or low return rate

$n = 384 + 10\%$ [to safeguard against non-response (38)]

$$= \underline{422}$$

4.7. Sampling procedure

Systematic random sampling technique was used, the first clients have been selected randomly to determine the starting point and include every 3rd according to $k=N/n$ (1400/422).

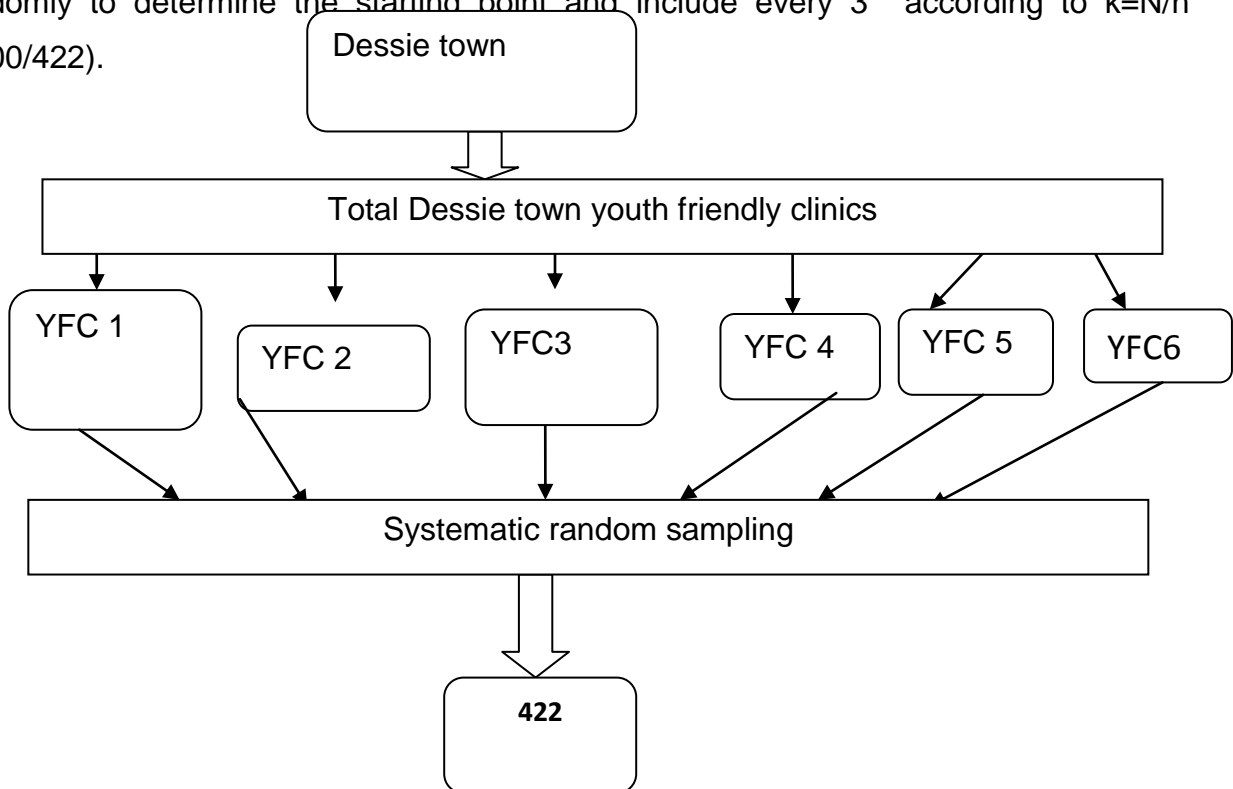


Fig2:- Schematic presentation for Systematic random sampling technique for client satisfaction and associated factors towards youth friendly reproductive health service In Dessie town, northeast, Ethiopia, 2014

4.8. Data collection procedure

Structured pre tested Standardized questionnaire was used, the questionnaire had been prepared in English and translated to Amharic Language, pretest had conducted on 22 youths from other youth friendly clinics out of main study area and add some variables that was important for questionnaire and exclude some unnecessary variables and also reorient data enumerator. Enumerator has been last year health officer student in university. The first client selected randomly from chart and every 3th clients during exit from YFRHS was selected.

4.9. Data quality

Half day training was given to data collector and supervisor, pretest was done. The collected data were checked out for the completeness, accuracy and clarity by the Principal Investigator and Supervisor. This quality checking was done daily after data collection by supervisor. After data collection, the data was cross check and data cleaning was did for some errors manually and via enter in to **EPI-info** version 7.2.1.0 statistical software prior to data analysis.

4.10. Data analysis

The data was entered to EPI-INFO and transfer to **SPSS** version 20 statistical packages and coded for analysis. Frequencies and percentage of different variables was computed for description as appropriate. Odds ratio with 95% confidence interval was computed to assess the presence and degree of association between the dependent and independent variables. Bivariate and multiple logistic regressions were used for better prediction of determinants and to reduce bias due to confounders.

4.11. Operational definition

Accessible: mean response rate of distance, availability of the YFRHC and services (Mean value) ≥ 3

Have information: the respondents who respond mean value $\geq (4)$ from questions about information

Satisfied: those respond Mean value >3 from ten client satisfaction tool

Youth: are those age range of 15-24 years.

4.12. Variable of the study

Dependent variables

- Client's satisfaction in YFRHS

Independent variables

- Socio demographic variables(age, sex, occupation, educational status and social pressure)
- Family background
- Information
- Care provider
- Accessibility

4.13. Ethical consideration

Before the study conducted approval letters from department of midwifery ethical review committee was taken and every concerned official including the study population had get enough explanation about the purpose of the study. Permission letter from Dessie regional health Bureau was secured and Informed consent was obtained via incorporate the right to say no, to go on or break out questions whenever they want to leave their participation any time they want before loaded the questionnaire.

5. Results

A total of 422 youths in YFRHS who are consented were approached and 98.58% (n=416) returned the questionnaires fully completed. On parental employment, 397(95.4%) said their parents were employed (table1).

Table I: Socio-demographic characteristics of the study participants in Dessie town, north east, Ethiopia, 2014

Characteristics	Category	Frequency	percentage
Sex	Male	203	48.8
	Female	213	51.2
Age	15-17	92	22.1
	18-24	324	77.9
Occupation	Student	202	48.6
	Governmental Employee	81	19.5
	Self-employee	79	19
	Jobless	54	13
Level of education	Primary school	5	1.2
	Secondary school	127	30.5
	College	70	16.8

Information on YFRHS

Information on YFRHS was assessed by asking them whether they knew about any facility offering reproductive health services and the services being offered as reproductive health services and about 244(58.7%) youths had sufficient information on YFRHS . Those who knew about the YFRHS services were further asked to state their source of information and the responses are reflected in(fig3)

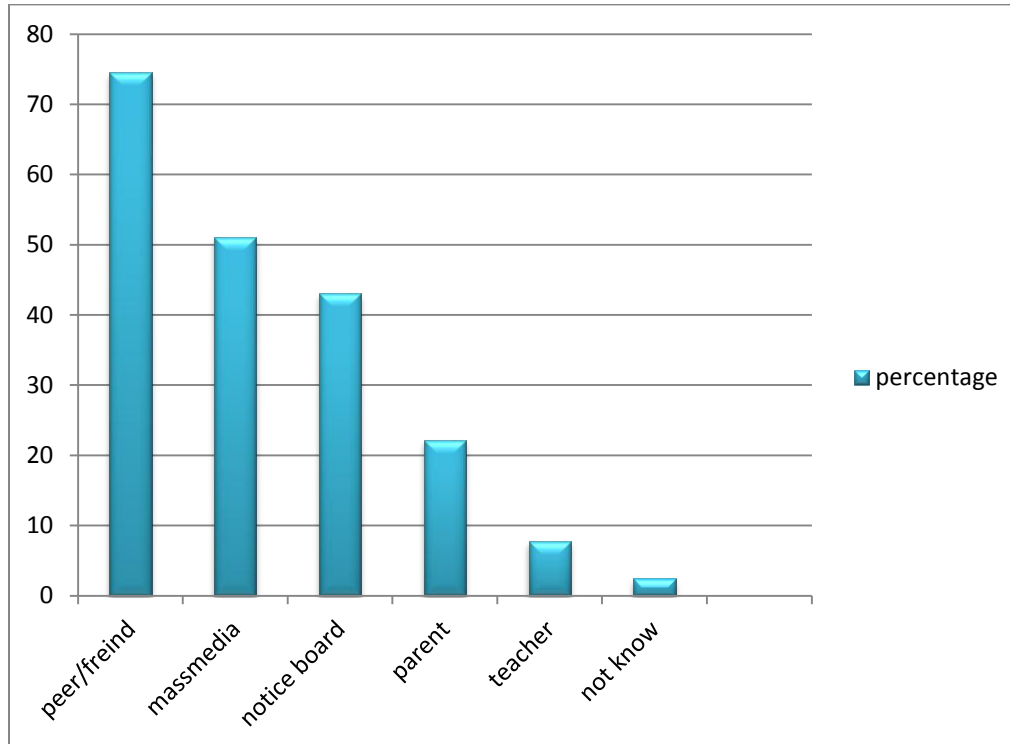


Fig3: source of information of informed participants, in Dessie town, northeast, Ethiopia 2014.

Accessibility of YFRHS

YFRHC for more than half respondents 277(66.6%) was not accessible. Majority of 403(96.9%) youths answered as there is YFRHC in their residence, of 381(91.6%) 22(5.3%) on more than two hour walking distance. From those who needs the service 144(34.6%) of them missed the service and the reasons for missing reflected in (fig 4).

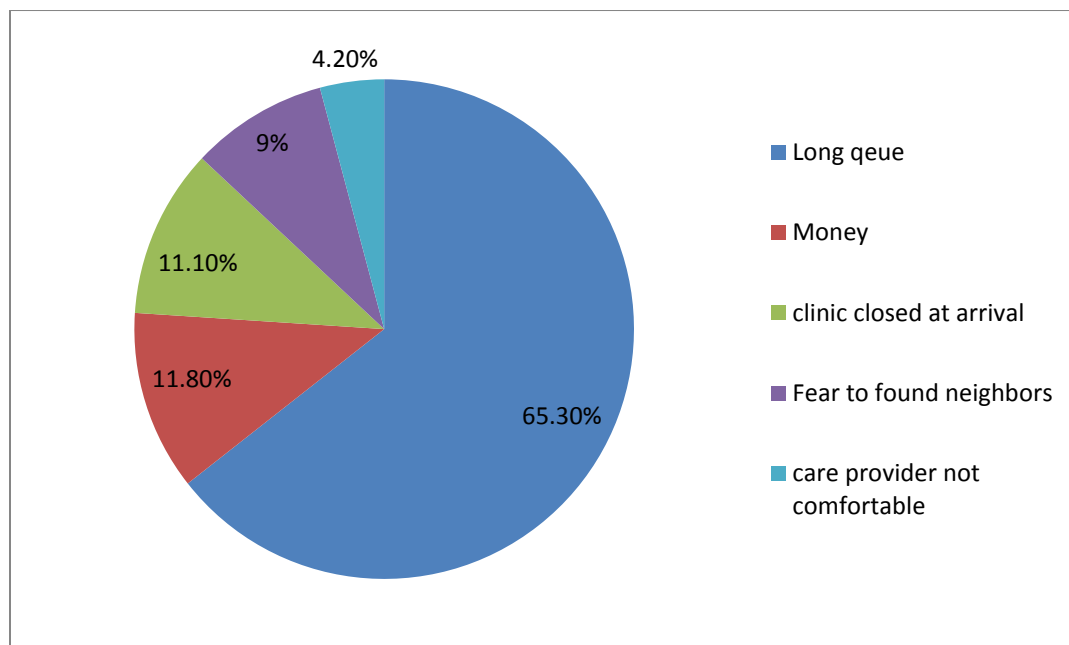


Fig4: Reasons for missing YFRHS of study participants, in Dessie town, northeast, Ethiopia, 2014.

The table below is About 245(58.9%) clients in YFRHC satisfied with the care given and that most of respondents were quite satisfied with care with a mean response of above 3.00.

Table 2: Clients' satisfaction with care provided in YFRHC in Dessie town, northeast, Ethiopia, 2014

Characteristics	Not at all satisfied (1)	Barely satisfied (2)	Quite satisfied (3)	Very Satisfied (4)	Completely Satisfied(5)	Mean
Way to welcome	11(2.6%)	27(6.5%)	115(27.6%)	97(23.3%)	166(39.9%)	3.91
Approach in examination	16(3.8%)	34(8.2%)	114(27.4%)	91(21.9%)	161(38.7%)	3.83
Way of taking with me	32(7.7%)	82(19.7%)	122(29.3%)	69(16.6%)	111(26.7%)	3.35
Approach to listen me	18(4.3%)	44(10.6%)	121(29.1%)	98(23.6%)	135(32.5%)	3.69
Treat fairly	13(3.1%)	28(6.7%)	132(31.7%)	97(23.3%)	146(35.1%)	3.81
willingness to respond question	22(5.3%)	31(7.5%)	125(30%)	95(22.8%)	143(34.4%)	3.74
Info_ providing my concern	24(5.8%)	51(12.3%)	122(29.3%)	99(23.8%)	120(28.8%)	3.58
respect privacy	19(4.6%)	31(7.5%)	122(29.3%)	101(24.3%)	143(34.4%)	3.76
Did anxiety relived	15(3.6%)	43(10.3%)	130(31.3%)	97(23.3%)	131(31.5%)	3.69

Table 3: Socio-demographic characteristics and other selected variables associated with satisfaction among study participants in Dessie town, north east, Ethiopia, 2014

Variables	Satisfaction		COR with	AOR with 95% CI
	Yes	No	95% CI	
Sex				
Male	203	213	1	1
Female	213	203	2.488(1.666-3.716)	2.330 (1.531-3.545)
Occupation				
Student	202	214	1	1
Governmental employee	81	335	1.769(1.042-3.001)	1.607(0.926-2.789)
Self-employee	79	337	3.526(1.947-6.384)	2.849(1.546-5.249)
Jobless	54	362	1.769(0.954-3.279)	1.733(0.921-3.262)
Information				
Not informed	172	244	1	1
Informed	244	172	1.723(1.158-2.563)	1.772(1.159-2.710)
Accessibility				
Accessible	139	277	1	
Not accessible	277	139	0.001	

Socio-demographic and other variables were analyzed based on the logistic regression if there were associations with satisfaction of YFRHS, by adjusting cofounder variables via multi variate logistic regression in this study: sex, occupation and information had statistically significant association with satisfaction of YFRHS. Females are 2.33 times satisfied with YFRHS than Males [AOR (95%CI) = 2.330 (1.531-3.545)], governmental employers are 1.61times satisfied than students [AOR (95%CI)= 1.607(0.926-2.789)], self-employers are 2.85 times satisfied than students[AOR (95%CI)= 2.849(1.546-5.249)] and Jobless are 1.73 times satisfied than students [AOR (95%CI)=1.733(0.921-3.262)].Informed clients are 1.77 times satisfied with YFRHS than not informed [AOR (95%CI) =1.772(1.159-2.710)] reflected in (table3).

6. Discussion

Client satisfaction

All clients were quite satisfied with care ($M > 3.00$) study was consistent with done in Kenya. In contrast with the study in Kenya found that there were no statistically significant differences in responses, $p > 0.05$, There were statistically significant difference in response on how Provider respect my privacy by adjusting confounded variables via multi variate logistic regression and how provider respect my privacy are less likely quite satisfied [AOR (CI 95%) =0.003(0.000-0.223)] and very satisfied [AOR (CI 95%) =0.023(0.002-0.341)] than completely satisfied(13).

Client satisfaction is one of the indicators that measures quality of care. Participants were asked to rate their level of satisfaction on a five-point Liker scale and as most survey satisfaction rate was more than 90% this study finding Level of satisfaction was very low (58.9%) satisfaction rate study in Switzerland (94%) and Addis Ababa (92.7%) (10, 14).

Even if this finding satisfaction rate still low (58.1%) to compare with Uremia University of Medical Sciences (76.2%) is near with this study than others. This study finding (58.1%) is better than from finding in Kerman hospitals (49.6%) but still it is very low finding to ensure quality care for clients (12, 28).

Associated factors towards utilization of YFRHS

Socio demographic factors

Socio demographic factors of Sex and occupation had significant association with satisfaction, inconsistent with study across European region. Females are 2.33 times satisfied than males, in contrast with study in Kerman hospital; sex ($p < 0.005$) (12, 24).

Family background

The finding had no significant association between family backgrounds with client satisfaction and only 22.2% youths got information about YFRHS from their parents it indicates less open communication between parents and youths on reproductive health issues, youth open communication with their parents in Bahir Dar town (30.9%). (3, 4, 20, 23).

Information

Informed clients are 1.77 times satisfied than not informed and information had significant association with satisfaction, in agreement with the study in Pakistan. The finding list Major source of information was their friends/peers (74.5%). In accord with Sire lank (57.4), in Addis Ababa (74.5); it implies youths are more open for their peers. Mass media was the second source of information (51%) but a major source of information in Dire Dewa administrative (98.9%) and Debre birhan town (84.5%)(3, 14, 19, 21, 25, 26, 28).

Accessibility

Accessibility of YFRHS had no significant association with satisfaction, dissimilar with Uremia. In agreement with study in AA .The major factors for missed the service were long queue (65.3%) and the second factors was due to scarcity of money (11.8%), in contrast with study by Williamson jess. (3, 14, 18, 28).

Care provider

Care provider had no significant association with client satisfaction, in contrast with Kerman hospital and Pakistan,($p < 0.005$)(12, 26).

7. Strength and Limitation of the study

Strength of the study

- Well experienced enumerator with supervisor
- Youths in the clinic were very cooperative to participate.

Limitation of the study

- Difficulty to found similar literature reviews with this study.
- Shortage of time to supervise data collection every day by investigator due to overlapping on clinical attachment.

8. Conclusion and recommendation

Conclusion

- ❖ Level of client satisfaction in youth friendly reproductive health clinic in Dessie town, north east, Ethiopia was low
- ❖ The study explores three barriers for client satisfaction of youth friendly reproductive health services in Dessie youth friendly reproductive health clinics are sex, occupation and information. Major source of information were peers and mass media was the second source of information
- ❖ Occupation had significant association with satisfaction; students are less likely to satisfy with youth friendly reproductive health service than governmental employers, self-employee and jobless. Teachers are the list to communicate on sexual and reproductive health issues with their students.
- ❖ The leading reason for missing youth friendly reproductive health service in youth friendly reproductive health clinic in Dessie town was long queue and money was second reason

Recommendation

- It is recommended to communication Bureau to sensitize the community about youth friendly reproductive service via Mass media.
- To improve client satisfaction of youth friendly reproductive health service Dessie zonal health bureau preferable to give attention on associated factors.
- Reproductive health course is necessary to incorporate in primary school curriculum and to ensure quality care it is preferable to give care in youth friendly approach for Client satisfaction is recommended to ministry of education.
- It is preferable youth friendly reproductive health clinics to be available for students to improve satisfaction rate.
- It is better to sensitize the youth about YFRHS in school, college and everywhere necessary to inform them
- The study focus on youth friendly reproductive health clinics only and it will be better to explore in the community set up.

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10. Annex's

Annex- I: Declaration

I, the undersigned, MSC clinical midwife student declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master of clinical midwife.

Name: YEWMIRT SHAREW

Signature: _____

Place of submission: Department of midwifery, College of medicine and Health Sciences, University of Gondar

Date of Submission: _____

This thesis work has been submitted for examination with my/our approval as university advisor(s).

Advisors

Name	Signature
_____	_____
_____	_____

Annex- II: Information sheet and consent form

Title

Assessment of client satisfaction and associated factors towards youth friendly reproductive health service among youths in Dessie town north east, Ethiopia, 2014

Name of the organization: University of Gondar, College of Medicine & Health Sciences, Department of midwifery.

Name of the sponsor: University of Gondar

Annex III: INFORMED CONSENT

I am Yewbmirt Sharew a post graduate student in clinical midwifery at Gondar university hospital. undertaking a research on 'assessment of client satisfaction and associated factors towards youth friendly reproductive health services among youths in Dessie town, north east,Ethiopia,2014'for this study Only youth aged between 15-24 years are eligible and I kindly request you to involve in this study which is voluntary and no risk to you. The information you give is confidential and it will be useful in improving reproductive health services for youth in the country and the questionnaire will take about 25-30 minutes to fill.

Do you volunteer to participate?

YES ☐ No ☐ Date.....

Name of the data collector_____

Name of supervisor_____

Annex IV: QUESTIONNAIRE

Date..... Study Site..... Code

PARTICIPANTS' INSTRUCTIONS: before all thank you for participating in this study and do not write your name; tick only one correct Response and multiple responses where applicable. The acronym YFRHS stands for youth-friendly reproductive health services

I).Associated factors towards youth friendly reproductive health service

IA-Socio-demographic Information			
101	What is your Sex/Gender?	1. Male 2. Female	Remark
102	What is your age in years	1.15-17 2.18-24	
103	What is your occupation?	1. Student 2. Governmental employee 3. Self-employee 4. jobless	If you are not a student pass to question no 105.
104	If you are student what is your current level of education?	1. Primary school 2. Secondary school 3. College/Tertiary institution	
105	Does your parent(s) employed?	1.yes 2.No	If you say no pass to question No 201.

IB information and Utilization of Youth-friendly Reproductive Health Services (YFRHS)			
201	Who told you about this YFRHS?	1. Parent 2. Friend/Peer 3. Teacher 4. Mass media 5. I read on a notice board 6. I do not know of any	
202	Which services are being offered in reproductive health facility? Tick all correct answers	1. Family planning service 2. Voluntary Counseling and Testing 3. Treatment of all the diseases 4. Treatment of sexually transmitted Infections/diseases 5. Care of pregnant young persons 6. general health information 7. Sports and recreational activities	
203	Do you use youth friendly reproductive health service?	1. yes 2. No	If NO pass to question 301
204	If yes for no 203, Which one Have you ever used any of these services?	1. Family planning service	

		2. Voluntary Counseling and Testing 3. Treatment of all the diseases 4. Treatment of sexually transmitted Infections/diseases 5. Care of pregnant young persons 6. General health information and counseling 7. sport and other recreational activities	
IC: Accessibility Factors			
301	Is there youth-friendly reproductive health (YFRHS) facility in your residence?	1 Yes 2. No	If you say no pass to question no 303
302	If you answer yes in question 301 How far is from your residence?	1.below two hour walking distance 2.more than two hour walking distance	
303	Have you ever visited YFRHS but missed the service you required?	1.Yes 2. No	If you answer no pass to question no 401

304	If yes in no.303, what was the reason for not getting the service?	1.The queue was long 2. I had no money for the service 3.I fear to found our neighbors 4.The service provider was not comfortable with me / was harsh 5.The clinic was closed	
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II).Clients satisfaction with care provided

1. Indicate the level of satisfaction with care received by ticking the box provided against each statement based on the scale stated below;

Key: Not at all satisfied=1, Barely satisfied=2, Quite satisfied=3, Very satisfied=4 and completely satisfied=5.

No.	Statements	1	2	3	4	5
401	The way provider welcomed me on my admission to this clinic.					
402	The provider approach when they were examining me.					
403	The way providers are talking to me.					
404	How provider listened to my concerns.					
405	How provider treated me as individual					
406	How provider were/are willing to respond to my concerns/requests.					
407	Information provided about my condition and treatment					
408	How they taught me about what I expected to be doing after the procedure.					
409	How provider respect my privacy					
410	My anxiety and stress was alleviated by care					

Thank you very much for sparing time to participate in this study!!!!!!!!!!!!!!

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